## **Paul Cramer**

From: Dominique L. Verner

Sent: Thursday, September 08, 2016 9:53 AM

To: Paul Cramer
Cc: Maurice C. Baird

Subject: District E MP Amendments

Attachments: 11033 Chef Menteur-Bossworth.pdf; BC\_DistrictE.pdf

## Good morning Paul,

Please find attached the master plan application for the Bossworths, as well as the map of the two current BC FLUM designations along Chef Menteur that you emailed me. Please change the FLUM designation from BC Business Center to IND Industrial for the two areas shown on the attached map. Should you have any questions or concerns, or any corrections need to be made, please do not hesitate to contact me.

Kindest regards, Dominique

# Dominique L. Verner, Esq.

Legislative Director District E Councilmember James A. Gray, II 1300 Perdido Street, New Orleans, LA 70112

Office: <u>504-658-1050</u> Direct: <u>504-658-1055</u> Fax: <u>504-658-1058</u> dlverner@nola.gov



#### www.nolacitycouncil.com

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City Planning Commission



| Date            |  |
|-----------------|--|
| Tracking Number |  |

## MASTER PLAN APPLICATION

# APPLICATION FOR AMENDMENT TO PLAN FOR THE 21ST CENTURY: NEW ORLEANS 2030 (THE MASTER PLAN)

Complete Application Required: Use this form for all requests to amend Plan for the 21st Century: New Orleans 2030, (the Master Plan). The City will not process an application that does not have all the required items. To accept your application, each of the items listed under Required Components must be submitted at the same time.

Early Consultation: Prior to submitting an application, the applicant is required to set up a pre-application conference meeting with a City Planner to discuss the proposal. City Planning staff will provide the applicant with assistance and information on the application feasibility, decision criteria, review time, and whether a Neighborhood Participation Program (NPP) meeting is required.

Application Acceptance: All applicants are required to bring in one copy of the application package for informal review by a staff planner, prior to the formal application to ensure that the application is complete. Applications will be accepted at the City Planning Commission between 8:00 AM and 5:00 PM Monday through Thursday and between 8:00 AM and 3:30 PM Friday. No appointment is necessary for the formal application submittal; however, an appointment with a City Planner is necessary for the early consultation. Mailed, faxed or e-mailed applications will not be accepted.

Purpose: The Master Plan is a long-term vision for the future of New Orleans. It contains policy recommendations across a spectrum of topics, but with a particular focus on the built environment. Amendments reflecting updated information, changing trends, best practices, or community goals are generally either text changes or revisions to the Future Land Use Map (FLUM). Text amendments affect the policies of the comprehensive plan on a City-wide level. Map amendments influence the potential uses and development of specific properties. A FLUM amendment may affect a site's zoning designation when zoning is revised comprehensively or when a zoning change application is submitted. Text and map amendments must be consistent with the overall policy intent of the Master Plan. Justification for the change(s) within the context of the Master Plan is the responsibility of the applicant.

When to Apply and Process: In 2016, the amendment application period will begin on April 25th and close on August 31st. Once the amendment application packet is submitted for review, the City Planning Commission will arrange a public meeting and publish a notice in a local newspaper of general circulation at least fifteen days in advance of the meeting. In addition to the public meetings, the City Planning Commission will hold a public hearing(s) to approve, approve with modifications, or disapprove the proposed amendments. A staff report and recommendations will be available to aid the discussion. The Planning Commission's recommendation will be forwarded to the City Council for final disposition.

#### REQUIRED COMPONENTS

#### Amendment to Text of Master Plan

- Completed application form
- Reasons for change may address the following criteria:
  - Public benefits from the proposed change
  - · Health, safety & welfare
  - Evaluation of current public policy
  - Other factors
- FEE: \$1,500 (Only applies to Descriptions of Future Land Use Categories of Ch.14,Sec.C)

Accepted forms of payment include check, cashier's check, money order, Visa. MasterCard. & Discover.

#### Amendment to Future Land Use Map

- Completed application form (must be the property owner)
- Neighborhood Participation Program Report (see NPP Resource Guide)
- · Reasons for change may address the following criteria:
  - · Change in land use trends
  - · Impacts on neighboring property
  - Evaluation of existing zoning classification & the current future land use classification
  - · Public benefits from the proposed change
  - · Health, safety & welfare
  - · Other factors
- · Photographs of subject site
- · FEE based on table below

| Lots 0-4,999 sq ft      | \$1,000 | Lots 25,000-74,999 sq ft  | \$3,000 |
|-------------------------|---------|---------------------------|---------|
| Lots 5,000-24,999 sq ft | \$2,000 | Lots 75,000 sq ft or more | \$4,000 |

# TO BE COMPLETED BY CPC STAFF

|   | Intake Plannner | Date Recieved     |
|---|-----------------|-------------------|
| • | Amount Received | Planning District |







| Date   | 09/06/2016 |
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## MASTER PLAN APPLICATION

# REQUEST FOR CHANGE IN TEXT OF MASTER PLAN REQUESTS OPEN TO ALL RESIDENTS

For text amendment changes, including changes to graphics, tables, or maps, the applicant must provide the chapter as well as the page number of the amendement that the applicant wishes to change. Proposed additions to the text should be underlined; proposed deletions from the text should be indicated by strikethrough. If the change is for a graphic, table, or map other than the Future Land Use Map(s), indicate the volume, chapter, and page number along with the title of the graphic, table, or map.

| Volume              | Chapter(s)   | Page No(s)   | Title(s)  |
|---------------------|--|--|---|
|                     | current graphic, table, or map                                 |  |   |
| Specific proposed   | d change to text (if necessary,                                | applicant may submit additio                                   | onal sheets):   |
|                     |  |  |   |
| į.                  |  |  |   |
|                     |  |  |   |
|                     |  |  |   |
|                     | R CHANGE TO FUTUR<br>D BY OWNER OF PROPERTY(S)                 | RE LAND USE MAP  |   |
| should indicate the | e present Future Land Use Ma<br>category is being requested, p | ap designation and the design<br>recise boundaries of each rec | nd map of the boundaries. The request<br>nation that is being requested for the area.<br>quested land use designation must be<br>e requested change must be included in |
| Boundaries of Are   | a (A separate applicaton is ne                                 | eded for each non-contiguo                                     | us property)  |
| Chef Menteur H      | Iwy, Old Spanish Trail, Dre                                    | ux Ave., Papania Dr., Nott                                     | ingham Dr., Prentiss Ave  |
| Municipal Address   | (as)   |  |   |
| 11033 Chef Mer      | (es)<br>nteur  |  |   |
| •                   |  |  |   |
| Sauara Number(s)    |  | Lat Number(s) K  |   |
| Tax Bill Number(s)  |  | Lot Number(s)  |   |
| Square footage of   | ***************************************                        |  |   |
|                     | lap Designation (current statu                                 | RSF-POST   |   |
|                     | Land Use Map Designation $N^{ m C}$                            |  |   |







| Date            |      |
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# **MASTER PLAN APPLICATION**

## APPLICANT INFORMATION FOR AMENDMENTS TO THE MASTER PLAN

APPLICANTS FOR AMENDMENTS TO <u>FUTURE LAND USE MAPS (FLUM)</u> MUST BE THE OWNER OF THE SUBJECT PROPERTY

| A lies of Times   | Occapiantion        | <b>⊘</b> public official/agency        | Oindividual citizan                                     | Oproperty owner                       | Oother                                  |
|-------------------|---------------------|--|---|---------------------------------------|---|
| Applicant Type:   | organization        | oplicable) Councilman Jan              | nes A. Gray, II- Distri                                 | ct E                                  | Oother                                  |
|                   | rdido St. Ste. 2W   |  |   |                                       |   |
| NEW ODY DANG      |                     | ······································ | 7in 70]   | 122                                   |   |
| Phone 504-658-    |                     |  | State LOUISIANA Zip 70122  Email address JAGRAY@NOLA.GO |                                       |   |
| Phone 50. 300     |                     |  | all address JAGIATT                                     | <u> </u>                              |   |
| Applicant Type:   | Oorganization       | Opublic official/agency                | Oindividual citizen                                     | Oproperty owner                       | Oother                                  |
| Applicant Name (a | and org. name if ap | pplicable)                             |   |                                       | ·                                       |
| Address           |                     |  |   |                                       | · · · · · · · · · · · · · · · · · · ·   |
|                   |                     | State                                  |   |                                       |   |
|                   |                     | Em                                     |   |                                       |   |
|                   |                     |  | e e e e e e e e e e e e e e e e e e e                   | · · · · · · · · · · · · · · · · · · · |   |
| Applicant Type:   | Oorganization       | Opublic official/agency                | Oindividual citizen                                     | Oproperty owner                       | Oother                                  |
| Applicant Name (a | and org. name if ap | pplicable)                             |   |                                       |   |
| Address           |                     |  |   |                                       | *************************************** |
| City              |                     | State                                  | Zip   |                                       |   |
| Phone             |                     | Em                                     | ail address   |                                       |   |
|                   |                     |  |   |                                       |   |
|                   |                     | Opublic official/agency                | Oindividual citizen                                     |                                       | Oother                                  |
| Applicant Name (a | and org. name if ap | plicable)                              |   |                                       |   |
| Address           |                     |  |   |                                       |   |
| City              |                     | State                                  | Zip   |                                       | ·                                       |
| Phone             | hone Email address  |  |   |                                       |   |
|                   |                     |  |   |                                       |   |
| Applicant Type:   | Oorganization       | Opublic official/agency                | Oindividual citizen                                     | Oproperty owner                       | Oother                                  |
| Applicant Name (a | and org. name if ap | plicable)                              |   |                                       | <del></del>                             |
| Address           |                     |  |   |                                       |   |
|                   |                     |  | Zip   |                                       |   |
| hone              |                     | Email address                          |   |                                       |   |







| Date            | , |
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## MASTER PLAN APPLICATION

#### **ACKNOWLEDGMENTS**

If ownership is joint, each owner must be listed. If multiple squares, then applicants must own not less than 50% of the land for which the amendment is requested. If ownership is a partnership, the Partnership Agreement must be included. If ownership is a corporation, Articles of Incorporation and a Board Resolution authorizing an individual or agent to sign on its behalf. If ownership is an LLC, Articles of Organization and legal documentation authorizing an individual or agent to sign on its behalf must be included. If necessary, applicant may be required to submit proof of ownership documents, such as copies of a recorded act of sale, act of exchange, act of donation, or other documents.

I (we) hereby affirm that ownership and property information presented on this application is current and accurate and I (we) acknowledge that inaccurate or incomplete ownership, improper authorization, or property identification will make this application and resulting actions null and void. I (we) the undersigned owner or authorized agent of the area of land described above, hereby submit for your approval the above-stated request.

|   | A 1-5                                   | 9-8-2016                              |
|---|---|---------------------------------------|
| Applicant Signature Omla P  | Date_                                   | 70-2016                               |
| Applicant Signature   | Date_                                   |                                       |
|   |   |                                       |
| (Notarization is only required for application subject to a fe  | e.)                                     |                                       |
| STATE OF LOUISIANA, PARISH OF ORLEANS   |   |                                       |
| Before me, the undersigned authority, personally app<br>the full age of majority, who declared under oath to r<br>the property described above, and that their signatur<br>qualified to sign. | me, Notary, that they ar                | re the owners or authorized agents of |
| Sworn and subscribed before me this   | day of                                  | 20                                    |
|   |   |                                       |
|   |   |                                       |
|   |   |                                       |
| •   |   |                                       |
| d G   |   |                                       |
| My Commission Expires   | *************************************** |                                       |
|   |   |                                       |
|   |   |                                       |